No. 2
5-43
17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15869

FILED MAY 13 1944

Registration District No. 3

Primary Registration District No. 3063

Registrar's No. 1039

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town ~~Clayton~~, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. Eureka, Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WEHRLE, JACOB

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma Wehrle

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 30, 1860 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 00 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ? Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant self
(b) Address as above

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Martins Cem. Jefferson Co. Mo.

18. (a) Signature of funeral director Brimmer Funeral Home

(b) Address Kansas Springs Mo

19. (a) MAY 6 - 1944 (Date received local registrar) (b) E. H. Mc Govern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4- day 30-
year 44 hour 12:01 minute A M.

21. I hereby certify that I attended the deceased from
4-23-44 to 4-30-44, 19...;
that I last saw him alive on 4-30-44, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intertrochanteric fracture left femur	7 days.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia	2 days.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident O41.
(b) Date of occurrence 4-23-44
(c) Where did injury occur? Eureka, St. Louis, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Fell

23. Signature James G. Owen (M. D. or other) M. D.
Address 601 S. Brentwood Date signed 5-1-44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John M. Meyer

Licensed Embalmer No. 3285

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.